

# PHILADELPHIA MEDICAL TIMES.

SATURDAY, JANUARY 9, 1875.

## ORIGINAL COMMUNICATIONS.

### A CASE OF INTRACRANIAL TUMOR, WITH MICROSCOPICAL EXAMINATION.

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THE patient whose history will immediately follow was an inmate of the City Insane Asylum, under the care of Dr. A. E. Macdonald, Physician-in-Charge, and Dr. J. G. Kiernan, Assistant-Physician, to whose courtesy and kindness I am greatly indebted for the pathological specimen and the accompanying history. Unfortunately, the history is somewhat scanty, being deficient on some important points antedating his admission to the institution.

Anton B., 40 years of age, a native of Germany, became an inmate of the New York City Asylum for the Insane some time in February, 1874. We have no record of any premonitory symptoms, except a statement that the man's vision began to fail about six months previously. There is no history of any syphilis, but no information could be gained from the patient, as the history states that during Dr. Kiernan's service he did not speak. There is some doubt whether the patient had any vision when admitted to the asylum, but shortly after this he became completely amaurotic in both eyes. During his sojourn in the institution his hearing remained normal, and there was no disturbance in the sense of smell, which seems almost incredible when we come to consider the location of the tumor. There was no strabismus, no ptosis, and, in fact, no disturbance of function of any of the nerves supplying the eyeball and its appendages, except the branch of the motor oculi which is distributed to the sphincter of the iris. The pupils of both eyes were dilated and immovable when he entered the asylum, and remained so until just before his death, when they contracted. The variety of insanity under which he labored was melancholia, accompanied by delusions of a depressing character. There was no cataract in either eye, but, unfortunately, no ophthalmoscopic examination was made. At first sight there appeared to be no disturbance in the power of co-ordinate movements, as the patient could walk; but a closer examination showed that if he were allowed to remain in one position he soon fell over. At no time were there any symptoms of paralysis present. He was suddenly attacked by vertigo, five days before he died, and an examination of his urine showed traces of albumen. He died from pleuro-pneumonia and uræmia, though the coma was not strictly uræmic in character. At the autopsy, both cerebral lobes were found much softer than normal, the cerebellum seemed somewhat reduced in size, and the pons Varolii was found to be infiltrated with a structure of the same kind as the tumor. On lifting up the anterior lobes of the cerebrum, there was seen, in the median line of the skull, a tumor the size of a small orange, resting on the ethmoid and sphenoid bones, and rising, almost spherical, against the anterior lobes, compressing them against the vault of the skull, and producing a deep excavation in them. The tumor extended from the foramen cæcum of the frontal bone posteriorly as far as the posterior clinoid processes of the sphenoid bone, and laterally on

both sides over the greater wings of the sphenoid and orbital plates of the frontal. It measured two and five-eighths inches antero-posteriorly, two and three-fourths inches laterally, and two inches vertically. It was nearly spherical, though irregular and somewhat indistinctly lobulated, and at its base was firmly adherent to the dura mater over the ethmoid and sphenoid bones. It was covered with a delicate, highly-vascular membrane, probably a prolongation of the pia mater, and was of a grayish-pink color. The olfactory bulbs and nerves were completely flattened and very thin, the optic chiasm and nerves were flattened and pushed backwards, the pituitary fossa was filled up by the tumor, which on the left side also overhung somewhat the sphenoidal fissure. The third, fourth, the ophthalmic branch of the fifth, and the sixth nerves did not seem to have been encroached upon in their course, and yet the pupils were widely dilated, and so remained until just before death.

After the specimen, consisting of the base of the skull with the tumor in position, had been preserved in alcohol for three weeks, the eyes were enucleated and opened in the vertical meridian. The cornea and iris appeared normal, and the anterior chamber was of natural depth. The lens was in position, but presented a peculiar appearance; for while the posterior layers were cloudy, probably from the coagulating effects of the alcohol, the anterior layers were of a dense yellowish-white color, and much harder than the posterior layers. The vitreous was changed into a deep-yellow, grumous fluid; the retina was detached below from the ora serrata nearly to the optic nerve entrance, and very much thickened. The choroid appeared normal, as well as the optic nerve. There had evidently been a hyalitis with retinitis, which had caused some change in the lens, and the effects produced were about the same in the two eyes.

A microscopical examination of the optic nerves revealed the following state of affairs. The external sheath, continuous with the sclera, was enormously thickened, and the interspaces between the connective-tissue fibres were filled with round and fusiform cells, the result of inflammatory proliferation. The inner sheath was also hypertrophied, though not to the same extent, and here also the interspaces were occupied by round and fusiform cells. The fibrinous skeleton framework of the nerve was very much thickened in all directions, at the expense of the nerve-fibres, which were compressed and atrophied. In some places the contents of the neurilemma had entirely disappeared, and the place was occupied by fat-globules and an amorphous detritus. In other places the spaces made vacant by the atrophy of the nerve-tissue were filled by the products of inflammation, round and fusiform nucleated cells, and some fibres. The central artery and vein of the retina were almost obliterated, from an encroachment on their calibre by the increase of fibrous tissue. Examination of a transverse section of the nerve corroborated what was found in a longitudinal section, and here the hypertrophy of the fibrous tissue of the nerve was particularly well shown. The same state of affairs existed in the nerve as far back as the optic foramen. The rest of the nerves, as far back as the chiasm, and the chiasm itself, were not examined, in order to avoid disturbing the tumor.

An examination of the retina showed that the thickness of this coat was due mainly to a great increase in the external granule layer, next the rods and cones. The nerve-fibre and ganglion-layers were scarcely altered, and the layer of rods and cones had undergone but little change. The connective-tissue framework or Müller's fibres stood out plainly, and the membrana limitans externa was very distinctly marked. The

external granule layer, however, was thickened, especially near the optic nerve entrance, where it was increased enormously and seemed to run into and swallow up the middle and internal granule layers, so as to form one mass of fine granules and round nucleated cells, pressed closely together and bulging forward towards the vitreous humor. The entrance of the optic nerve was but a trifle swollen towards the edges, and this appeared to be due to the hypertrophy of the retina, for it was somewhat deeply excavated at the centre. The nerve-fibres were atrophied by pressure, though not so much so as they were farther back. The membrana limitans interna was only faintly defined, but this might be due to post-mortem changes.

The choroid was apparently normal in texture, though there might have been a slight atrophy of the pigment-cells in its stroma; but there were no signs of any inflammatory process. The vitreous was very much altered. The mass of it was made up of inflammatory exudation, consisting of some fibres, and many round and oval nucleated cells with granular contents, some of the size of pus-corpuscles, others somewhat larger. Some of the oval cells had two nuclei with nucleoli, others only one.

The lens presented the usual appearance of a cataractous lens, the process being most marked in the anterior layers. Here the whole thickness of the anterior layers was filled with round and oval cells, with a very few altered lens-fibres running through them. The centre of the lens was comparatively free from the inflammatory changes, but the posterior layers were again very much altered, like the anterior layers. The posterior capsule was somewhat thickened, though not markedly so, and was firmly adherent to the hyaloid membrane. The cornea and iris were healthy, as was also the ciliary body. There had evidently been set up a pure neuritis by the pressure of the tumor upon the chiasm and nerves. The inflammatory action had commenced in the sheath, and from thence had spread to the connective-tissue frame-work of the nerves, causing an increase in the fibrous tissue, great proliferation of cells, and secondary atrophy of the nerve-fibres from pressure.

We have been accustomed to connect the presence of a cerebral tumor with a condition of ischaemia of the optic disk, or, as it is called, congestion-papilla, caused by increase of the intra-cranial pressure, and a secondary obstruction to the return or venous circulation of the eye. This produces enormous swelling of the optic disk, with serous exudation, and sometimes hemorrhages into the papilla and retina; and, secondarily, atrophy of the nerve-fibres if the pressure is not relieved. Now, whether this had occurred in our case as one of the first symptoms of the disease, it is now impossible to say; but certainly there had been a most marked "neuritis interstitialis," which probably extended from the optic chiasm down to the lamina cribrosa, and had ended in atrophy of the nerve-fibres, and this condition of affairs might easily have been recognized with the ophthalmoscope if the lens had not been opaque.

Exactly how this interstitial neuritis commenced it is very difficult to say. There were no signs of any meningitis anywhere at the base of the brain, so that it is not at all likely that the inflammatory process began in the meninges. Of course we know that a tumor of such a size would act as a foreign body, and be likely, from its position, to light up a perineuritis or inflammation of the sheath of the optic nerve, which would then spread by continuity of tissue and vascular supply to the inner sheath and skeleton frame-work of the nerve. This is perhaps the most probable origin and course of the neuritis in this case. From the position of the tumor it is evident that it could not have exercised any direct

pressure upon the cavernous sinus or upon the ophthalmic vein, but a very great *indirect* pressure undoubtedly existed through the medium of the circular sinus surrounding the pituitary gland, the anterior half of which must have been compressed by the growth, and thus, to a certain extent, the current of blood was forced back into the cavernous sinus. This would probably have produced congestion of the optic disks on both sides, with serous exudation, from hindrance to the return circulation through the central retinal vein as well as other veins emptying into the ophthalmic vein. The main process was, however, an inflammatory one—a simple neuritis descendens.

The tumor, on being cut into, appeared to the naked eye of a homogeneous structure, of a pale-gray color throughout, except at the centre, where it was of a light pink tinge. It seemed to be surrounded by a delicate vascular membrane, which was probably the pia mater or a prolongation of it. A closer examination showed the cut surface to be finely granular, but the tumor was firm and solid throughout. A microscopical examination showed that the growth was a sarcoma of mixed character, though the same general proportion and relations between its different constituents was preserved throughout. There was quite an extensively developed skeleton or frame-work, which was apparently composed of fibres of connective tissue, but a more careful examination proved that most of these apparent fibres were long, narrow, fusiform cells, with a large central nucleus and nucleolus, and granular contents which were placed end to end and side by side, and were arranged so closely as to resemble connective tissue. In addition to these cells in the frame-work, there were also some real connective-tissue fibres, which, running in every direction, served to strengthen the skeleton of the tumor. Taking the tumor as a whole, there were two kinds of cells which made up its mass: (1) small, round, nucleated cells, about the size of blood-globules, some being a trifle larger; and (2) long, fusiform, or spindle cells, with large nuclei; and hence the growth might be termed a round-cell sarcoma or spindle-cell sarcoma, according as one or the other variety of cell predominated. In many places the tumor assumed a carcinomatous character, for these fusiform cells or fibres formed incomplete alveoli, by enclosing spaces between them, which were filled by masses of the round cells and by larger round or ovoid cells, with immense nuclei, and sometimes two or three of them, which resembled the giant-cells that are occasionally met with in sarcomatous tumors. This alveolar arrangement was not, however, sufficiently well marked to stamp the growth as carcinomatous. One characteristic of the tumor was a frequent arrangement of round cells into balls or clumps, which were surrounded by a membrane-like layer of spindle-cells, and which is well represented in a wood-cut on page 662 of Billroth's "Allgemeine Chirurgische Pathologie," fourth edition. Sometimes within this cell-wall of spindle-cells were three or four nuclei, or what looked like such, each with a nucleolus, while again in others would be seen two or more complete, large, round, nucleated cells, each within its own cell-wall of spindle-cells, and the whole surrounded by a common wall of the same fusiform cells. The alveolar arrangement above spoken of was of the same appearance as is represented in Fig. 123 on page 663 of Billroth's work just quoted, taken from an alveolar sarcoma of the tibia. The cells were about the size there represented, though they were crowded somewhat more closely together than is represented in the figure, but the alveolar arrangement was not nearly so well marked.

Where there are so many different forms represented in a growth, it is not always an easy matter to decide

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exactly in what class of tumors to place a specimen. As we see in this case, the influence which the original locality or mother-tissue exerts upon the development of the tumor is exceedingly powerful. The dura mater is a fibrous membrane with one serous surface, composed of fibrous tissue, that is, long fibres of connective tissue, fusiform fibre-cells, with some round, nucleated cells. A morbid growth originating here will be made up of just such tissue,—that is, it will be a spindle-cell sarcoma, with large fusiform cells, or perhaps a "sarcoma fibro-cellulare," if there is a great preponderance of these fibre-cells. The tumor was not very vascular, and there seemed to be a greater development of vessels towards the periphery than elsewhere. We learn from Virchow that sarcomata of the dura mater occur most often on its cerebral or visceral surface, and very rarely on the parietal surface. They also are most frequently met with at the base of the brain, upon the sella turcica or petrous bone. Their main effect is pressure, as well upon the cranial nerves as upon the brain itself. In the latter they frequently cause deep excavations, though they very seldom are directly connected with it. The subjacent bones also frequently undergo absorption and atrophy from pressure.

Unfortunately, the history of our patient prior to his admission to the asylum is almost a blank, and it is, perhaps, equally unfortunate that an ophthalmoscopic examination was not made. Yet it is very likely that this would have been impossible, owing to the cloudy state of the lens. At some period in the course of the disease the blindness must have been partial, and if the field of vision had been tested it would undoubtedly have proved defective in the outer half; that is, the patient would not have seen with the inner or nasal half of each retina, and would have presented that rare form of hemiopia caused by some growth situated in front of the chiasm between the optic nerves and pressing upon the inner half of both nerves which supply the inner half of each retina. Of course, a tumor situated in such a locality, and exerting a bilateral pressure upon the inner portions of both nerves, would end by producing complete amaurosis of both eyes, not only by growing over both nerves but also by compressing the chiasm, and this without regard to the arrangement of the optic nerve-fibres in the chiasm.

The subject of intracranial tumors with intra-ocular manifestations has long been the classical ground of ophthalmoscopy, and a very large number of cases have been noted and examinations carefully made, with reference to the symptoms which may be diagnostic; and yet, when we come to examine the published literature of the subject carefully, we confess, with a feeling of disappointment, that we are really unable to decide finally the actual value of this or that change in the optic nerve in helping us to diagnosticate the presence or absence of an intracranial growth. These encephalic tumors are by no means common, and when we do meet with them it is often impossible to observe them long enough in their course to make our observations of value. Nearly all the statistics and tabulated lists of such cases which we possess, from Ladame's monograph to Annuske's paper in the *Archiv für Ophthalmologie*, Bd. xix., are unsatisfactory, fragmentary, and hence of not much value, and the history of

the preceding case belongs to the same category. A mere statement of the condition of vision, even when it has been carefully tested, is of very little value unless it has been accompanied by a careful ophthalmoscopic examination, for it is well known that a patient's vision may be actually perfect or nearly so and yet he may have a well-developed neuritis in both eyes. There is very great need of more accuracy in recording the results of examination in these cases, and not only should the vision and visual field be carefully tested, but these examinations should be frequently repeated as long as the patient is under observation. Only by this careful attention to details can we make our statistics and reported histories of any practical value; and not until we have learned this lesson faithfully can we feel ourselves able to cope with the difficulties attendant upon the diagnosis of intracranial disorders by means of the ophthalmoscope. It is my own conviction, from the observation of cases of optic neuritis and congestion-papilla which have been under my care, and of those which I have been allowed to examine by the kindness of brother practitioners, that optic neuritis reveals to us nothing more definite than the presence of organic disease of some kind within the skull, and that its diagnostic value is the same whether vision is affected or not. There is no difference in the variety of optic neuritis, whether the tumor or inflammation causing it be in the cerebrum, cerebellum, or large ganglia at the base of the brain; whether the cause be syphilitic or not. And more than all, to my own mind, neuritis is of no value whatever in localizing the trouble, except so far as it proves it to be within the skull, or at least posterior to the eyeball. In searching the literature of intracranial tumors so far as it has come within my reach, I have been able to find only twenty-five cases in which the autopsy showed that the tumor was situated in the anterior fossæ of the skull, lying in front of or upon the optic chiasm. We learn from this that a tumor occurring in this locality is a comparatively rare specimen.

214 WEST FORTY-FOURTH STREET, NEW YORK, Dec. 5, 1874.

## CLINICAL NOTES AND REFLECTIONS.

BY WILLIAM HUNT, M.D.

YOU have, Mr. Editor, asked me several times for some notes of hospital experience for the *Times*. The pulse, temperature, skin, tongue, etc., style of notation, useful and absolutely necessary as it is for precise observation, is to me very tiresome: so, if you accept anything, it will have to be in another form, which, if not so instructive, will, I hope, at least be interesting.

### ESMARCH'S METHOD.

We have used this method of controlling hemorrhage a number of times in the hospital. I think that much more care is required in its use in chronic than in acute cases. In the former class the operation will proceed bloodlessly, perhaps, until the main vessels have been secured and the apparatus is being removed; then the (enormous, sometimes)



number of vessels that have been developed during the long-lasting disease begin to bleed, the veins, especially the superficial ones, cannot perform their return function in the stump so long as there is one turn of the elastic cord about the limb, confusion is produced by the mixture of arterial and venous blood, and the case proceeding so beautifully at first may end in the loss of more blood than by the old way. Recently we have had a thigh-case in which I have thought it would have been better, immediately upon securing the main vessel, to remove the bandage and tubing entirely, and then to control the rest of the arterial bleeding by digital pressure until the remaining vessels were tied, thus leaving all the venous channels free. I have had great satisfaction with the method in acute cases where the loss of blood had been very great through the accident, and it was desirable, or even absolutely necessary, not to lose any more. In one instance a man was almost exsanguine from hemorrhage resulting from a gun-shot wound of the wrist. Without the method I should have applied a tourniquet and treated for reaction, but with it I was enabled to amputate at once. It is an important point in these cases to cut squarely through the muscles and vessels, for then the latter are easily seen, and not buried at varying distances in the nearly inaccessible interspaces made by oblique incisions. The injunctions of Prof. Esmarch himself, supported by the experience of Drs. Keen, Mears, and others in this country, as to applying the apparatus too tightly, are, I am confident, very important, particularly as to the production of paralysis. The professor says he has had to prevent his own assistants from committing this error.

The danger of driving morbid material out of the limb towards the centre of the body, as pointed out by Mr. Erichsen, is a serious consideration, but we are in want of any single observation as yet, I think, proving this point. According to our experience, then, what would seem to be wanting is the avoidance of venous pressure during the latter stages of an operation, especially in chronic cases,—a matter that is so easily managed in the ordinary way, by a good assistant at the screw of the tourniquet or with the fingers. Another thing: I think we must not allow our fears at the loss of a little blood to govern us too strongly. I have elsewhere stated my reasons for believing that patients otherwise in full health, and who have not lost much or any blood already, are in no wise worse for the loss of a small quantity during an operation.

#### ARE THE KIDNEYS ACTIVE ELIMINATORS OF ETHER?

A young man, aged about 30, was brought into the hospital for a railroad crush of the fore-arm, requiring amputation above the elbow. He had been a drinking man, but there was nothing in his appearance to suggest excess in this way, nor was there any other external sign of disease. He was taken into the clinic-room, and etherization was begun. Fortunately, I had my fingers on his pulse, and suddenly felt it drop after but a few inhalations had been taken. The patient seemed to be sinking. Etherization was suspended at once, restoratives were

applied, and he was removed from the room. In the afternoon he had reacted, and another attempt was made to operate. We were now fully on guard as to the ether. After a very few whiffs, the pulse began to sink, and we were threatened with a repetition of the morning's experience. The ether was withdrawn, and the operation was performed without it by Dr. A. V. Meigs.

For a few days the patient did well as to his stump, and also in other respects; but he then grew gradually worse, became feverish and delirious; the stump ceased to heal, but did not contract as in pyæmia cases. An examination of the urine was unfortunately overlooked, as there was no dropsy, nor other symptom to call attention to it. The condition was not pyæmic, but it was attributed partly to the accident and partly to the habits of the patient, and was classed under the general head of Surgical Fever.

The unfavorable symptoms continued, and death occurred in about two weeks after the injury was received. The post-mortem showed the kidneys to be in a marked stage of fatty degeneration, so that their functions must have been very materially interfered with. What relation had the inability to take ether to do with this condition? May not conditions of this kind often explain the unpleasant and even fatal action of an anæsthetic?

The practical lesson is obvious. Before a serious operation, should there be the slightest reason to suspect hidden trouble, examine the organs and the secretions, and be on guard.

#### ETHER AT NIGHT.

Caution as to the use of this agent at night cannot be too frequently urged. The lights should always be *above* the operator and etherizer, and the neighborhood of a low grate or of an open stove should be carefully avoided. The vapor of ether is very heavy, and falls rapidly, as any one can test by pouring a little of the liquid into a saucer and watching it roll and fall over the sides. One of the most exciting and seriously threatening scenes that I have ever been engaged in happened in this way.

A man required amputation of the arm (which was crushed by an engine) high up. There was, fortunately, just room for the tourniquet. The residents of the hospital, together with Drs. Agnew and Herbert Norris, were assisting. The latter administered the ether from a large sponge, and placed the bottle on a chair at his side. I had just removed the dangling fragments of the limb, when an assistant brought a candle close to the stump, and almost directly under the sponge. Instantly we were in a blaze. Dr. Norris involuntarily started back, and, in doing so, knocked over the chair with the large ether-bottle, which broke! Its contents were quickly spread, and the whole ring of the amphitheatre was on fire. A nurse lifted the patient from the table and placed him on the floor. Fortunately, the tourniquet held. Others sprang into the side wards and seized blankets, coats, and anything at hand, and we soon stamped the fire out, but were all more or less singed. The walls of the amphitheatre bore evidence for a long time, in the

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scorched wood and blistered paint, of the danger. The exposed parts of the patient were superficially burned, but he never knew what had happened. He was placed on the table, and the operation was finished. The thorough anæsthesia here was fortunate for all. Had the fire taken place earlier, terror and excitement from ether combined would have made the man uncontrollable, and a fearful panic might have occurred in the hospital. As it was, no alarm was spread beyond the room.

Night operations with ether should, therefore, only be those of absolute necessity, and with the cautions enjoined there need be no danger. Chloroform, not being inflammable, has a great advantage over ether in this respect; but, I confess, I am afraid of it.

## MAGGOTS.

If you keep the maggot-fly away, the maggots won't come. She deposits her little white masses of living young with astonishing quickness, and they are ready to go about their work with almost equal celerity. It is, therefore, nearly impossible, sometimes, to keep them away. But what if they do come? They are fearfully disgusting, that is true; but, except when they get into the wrong places, they do no harm: nay, it is a question whether they don't do a certain amount of good by acting as scavengers. They consume only the dead matter. I have often seen a wound healing kindly under them as though under a living poultice,—a poultice of active properties, converting harmful dead material into live, harmless substance.

Now, I am no advocate of maggots: as I said, they are disgusting; but, if they do come, get rid of them quietly, and do not make so much fuss about them, and so favor the popular notion that the man is going to die because he is breeding worms.

(To be continued.)

## OPERATION FOR THE CURE OF ELEPHANTIASIS OF THE SCROTUM.

BY J. G. KERR, M.D.,

Canton, China.

(Communicated in a letter to Prof. Gross.)

AS I have not seen, in the works on surgery within my reach, any mention of operation for this disease, I will give a short account of a case operated on in the Medical Missionary Society's Hospital. In the Medical Reports of the Foreign Customs Service of China, the operation is very fully described by Dr. Manson, of Amoy.

Elephantiasis is frequently seen in South China in various forms. I have seen it in almost all parts of the body. In the leg it is most frequent, sometimes in one, sometimes in both. Next in frequency, perhaps, it attacks the scrotum. I removed, a short time ago, from a boy nine years old, the prepuce and half the skin covering the organ, for elephantiasis. I have seen it attack the nose, the lips, the neck, and in one case the arm was the seat of the disease.

My patient was a native of Tsang-shing district,

about forty miles from Canton, aged 42 years, and a laborer by occupation.

The scrotum began to enlarge about seven years ago, and has continued to increase ever since.

The patient (June 20) was laid on a table, with his feet on stools and the knees supported by assistants. After giving chloroform, an incision was made an inch or more to the left of the median line, opposite the orifice of the prepuce, large enough to admit the hand. The testicle was searched for, isolated, then returned, and the wound stuffed with cotton. The same thing was done for the right testicle.

A knife, entering the orifice of the prepuce, opened the skin to the pubis, and the penis was entirely dissected from the covering, the mucous membrane of the prepuce being cut off close to the base of the corona.

Two semicircular flaps were then dissected up from the sides of the tumor opposite the upper part of the thighs. The incisions for these flaps joined, or nearly so, in the perineum, but the upper extremities were united by a horizontal transverse incision on the pubis. The incisions for the testicles were then extended upward to this transverse incision, and the spermatic cords dissected up to the same extent.

Having placed the testicles and penis on the abdomen, in the hands of an assistant, the tumor was dissected from its attachments and removed, care being taken not to wound the urethra. Arteries bleeding too freely were tied when divided. The weight of the tumor was eight and a half pounds.

The flaps were brought together in the median line, and the upper edges joined to the upper side of the transverse incision over the os pubis, making a complete covering for the testicles, with the lines of union in the shape of a T. The penis projected at the point of union of the two lines, and was left to cicatrize.

The case progressed favorably, and in three weeks the wound was almost entirely healed, but the cicatrization of the penis was not quite complete when the patient left the hospital, twenty-seven days after the operation.

## HYPERTROPHY OF CORPORA CAVERNOSA.

BY J. G. KERR, M.D.,

Canton, China.

(Communicated in a letter to Prof. Gross.)

THE subject of this was a well-developed man, aged 33 years, a native of Nan-hai district, a cook, and married, but having no children. The enlargement of the penis began when he was six or seven years old. On his admission to the Medical Missionary Society's Hospital, the organ was about three and a half or four inches in diameter. The left side was larger than the right, and it projected beyond the corona of the glans. There was partial phimosis, but the skin of the penis and scrotum was healthy. The testicles were of the usual size, but somewhat soft, and there was slight varicocele.

There was no sexual desire, and no erections, and sexual connection was impossible.

In consultation with Dr. Scott, of Canton, on the 28th of July, it was determined to operate, although it was not evident what the exact nature of the disease was. On opening the prepuce, the glans was healthy, and an extension of the incision showed that the cavernous bodies were hypertrophied and condensed. A considerable portion was removed, and the cut surface showed the open mouths of the arteries and veins, not numerous, but the hemorrhage was troublesome, and was only controlled by bandaging the organ on a silver catheter. I was satisfied at the time of the operation that no good was done to the patient, and I was gratified when, with a little sloughing of the skin, he recovered in a month's time, with the organ two and a half inches in diameter and six inches in circumference.

I find in Gross's and Paget's works on Pathology no mention of any hypertrophy of the cavernous bodies; and my operation has amounted to little more than an exploration in the living subject of a rare disease.

While the scrotum was healthy, there was also enlargement of the perineum, but, as it was not operated upon, the nature of it is not known.

#### AN ANOMALOUS CASE.

BY J. E. GARRETSON, M.D.

THE following anomalous, if not unique, case would seem to go far in favor of the view of Solly and Dalrymple, that mollities ossium is an expression of the cancer-vice.

Some four years back, Major S., of Tennessee, a gentleman of robust constitution and in apparently the most vigorous health, was sent to me by his physician for consultation and advice, the case presenting at the time these features: The teeth of the left side, superior jaw, from the central incisor to the last molar, were found loose in mass, not individually, but as if all that portion of the bone containing the alveoli had separated from the adjacent hard parts, forming with the dental organs a common sequestrum. Preceding this condition there had been no exhibition of inflammatory phenomena, nor, at the time of interview, was there the slightest expression of vascular perversion.

Using the exploring-needle in the examination, I found no evidence of bone, either in the loosened portion or in the parts immediately adjacent. The operation consisted of an external and internal flap, thus liberating the exfoliation, which, when removed, was found to consist of a remarkably healthy-looking alveolar mass, made up apparently of cartilaginous tissue.

Close study of the case, made at the time, verified the absence of any of the ordinary constitutional diseases, such as syphilis, tuberculosis, scrofulosis, etc., to which osteomalacia is frequently attributed; neither was there evidence or knowledge of local injury or of defect on the part of the nervous relations.

In the healing of the wound made at the time, it was noticed that simple and immediate reunion occurred with the raw surfaces of the flaps, and that these adhered to the enveloped parts by a mechanical rather than a physiological attachment. The patient in five days was sufficiently recovered to be out on the streets, and in three weeks returned to his home.

One year later, the patient returned to Philadelphia for further advice. Absorption of the remaining portion of maxilla, together with the malar bone, had progressed in the interim to an extent which showed marked deformity by flattening of all that side of the face. Horseback-riding in the early morning, and salt-water bathing, conjoined with the phosphate tonics, were directed.

The continued history of the case is given in the accompanying letter, just received from the attending physician. The final result I shall look for with great interest, trusting that it may be more favorable than would seem to be warranted by the description of Dr. Scruggs:

"SWEETWATER, TENN., December 10, 1874.

"DR. GARRETSON:

"DEAR DOCTOR,—Your old patient, Major W. E. S., on whom you performed an operation some time ago, requests me to write you in reference to his condition and ask you to make such suggestions for his treatment as you might think proper. You will recollect that the upper jaw and cheek-bone on the left side were removed. Since his visit to you, the other side has absorbed almost as much, but there is a bony projection under the right eye, while there is none under the left. There seems now to be a fleshy growth or enlargement that occupies the place where the bones were, and this is causing the face to protrude and to appear much enlarged. The growth seems to infringe upon the region of the left eye so much that the organ is forced outward and upward, leaving its socket considerably. The right eye, however, being protected by the bones just under it, is not disturbed, and in consequence the enlargement is forced downwards and outwards on the right side more than on the left. There is very little pain about the face, but a feeling of tightness, which is increased when the parts are unprotected. There is some secretion from the nares, front and rear, causing occasional spitting and blowing of the nose. There is a fleshy teat appearing in the left nostril, and I think likely the entire enlargement of the face is due to a similar growth. The major's health otherwise is very good. He has lately been using iodide of potassium in comp. syr. of stillingia, also Fowler's solution. But I do not look for a reduction of the seeming fleshy enlargement from this treatment. There seems to be no fungous appearance about the growth.

"Advise me what further is to be done.

"Very truly, etc.,

"R. F. SCRUGGS, M.D.,

"Attending Physician."

#### A CASE OF PARESIS OF THE CILIARY MUSCLE FOLLOWING DIPHTHERIA.

BY F. D. CASTLE, M.D.

E. D., a lad of 15 years of age, presented himself in my office a short time ago, with the complaint that he had for the last two days experienced great difficulty in reading and writing, and was obliged to hold the book at a great distance in order to perceive



the letters at all, but even then could not see distinctly. He found, however, that the use of his father's spectacles restored his vision for near objects to its former degree of acuteness. He also informed me that he was convalescent from an attack of diphtheria.

The refraction of both eyes was found to be emmetropic, but convex glass No. 20 was needed in order to relieve the paretic ciliary muscle and enable the patient to read and write with comfort.

The circumstance that no other muscle or group of muscles were affected in a similar way is interesting. The soft palate was entirely free from paralytic disturbance. There was also no anæsthesia of the fauces.

The treatment consisted in the use of convex glasses No. 20, with quinine and iron internally. The paretic symptoms rapidly disappeared, so that weaker glasses could be used for reading, and even these were eventually dispensed with. The use of electricity, as recommended by Benedikt, was not found necessary in this case, as recovery took place rapidly under the above-mentioned treatment.

## NOTES OF HOSPITAL PRACTICE.

### BELLEVUE HOSPITAL, NEW YORK.

CLINICAL SERVICE OF FRANK HASTINGS HAMILTON, M.D.,

Prof. of Surgery at the Bellevue Hospital Medical College.

#### FRACTURE OF THE CLAVICLE.

HERE, gentlemen, is a green-stick fracture, occurring in a lad about twelve years of age. About one week since, he fell from a swing, striking upon his shoulder, and breaking the clavicle near its middle; but, as often happens with children, the fracture was not complete. It is called a green-stick fracture because it resembles the fracture which occurs in a green stick when it is bent. Some years since, I experimented upon the bones of chickens, and I found that sometimes the bone would break partly off and then immediately spring back to its natural form, and in other cases it would remain bent. In the latter case the digitations in the line of fracture prevented the reposition of the fragments; but in both cases a callus would soon form over the seat of fracture. In the case of this lad, the fragments have spontaneously resumed their position; but on the day following the accident his father noticed a small swelling upon the clavicle at the point of fracture, and this has continued to increase until now it is of the size and form of the half of a pullet's egg, oblong, smooth, without discoloration, and to the fingers it feels hard, like bone. There is no crepitus or motion, the fragments being already partially united.

You will notice that the fracture is at the middle of the bone. This is usually the case in examples of partial fracture of the clavicle occurring in children; while the complete fracture of adults occurs, usually, at the junction of the outer and middle thirds.

No treatment is required in this case, except that the arm should be confined to the side of the body, in order to insure quietude, and that he should not be handled roughly. In one case reported to me by Dr. Green, of Cortland County, a partial fracture was converted into a complete fracture, after several days, by a fall.

The next case is a typical complete fracture occurring in an adult. The patient has also a fracture of the inferior maxilla; but of this I will speak at another time.

The patient fell upon his right shoulder, breaking the right clavicle obliquely, at the junction of the outer and

middle thirds. The outer end of the inner fragment forms a marked projection under the skin, although it has been carefully dressed with the figure-of-8 bandage recommended by Prof. Moore of Rochester. The principle upon which this apparatus is applied is sound, but, like all other forms of apparatus hitherto employed for broken collar-bones, it fails to accomplish the desired end in a large majority of cases. The dressing will be continued, but the result will be the usual overlapping and deformity. If the patient were fat, the deformity might not be seen, but he being thin and muscular it will be very apparent.

#### FRACTURE OF THE FEMUR—TREATED BY PLASTER OF PARIS.

This man suffered a simple fracture of his femur six weeks ago. He was taken immediately to the Park Reception Hospital, and, under the influence of ether, with extension made by pulleys, the plaster-of-Paris bandage was applied from the ankle to the loins. About two weeks later he was brought to Bellevue, and placed in Dr. Hamilton's service. The gentlemen in charge at the Park Hospital have a large experience in the use of plaster, and the dressings were well applied, except that, in the opinion of Dr. Hamilton, the foot should have been included in the plaster bandage. The swelling of the limb had also subsided sufficiently to leave the dressings a little loose. It was decided, therefore, to reapply the dressings. In the presence of the class the plaster was removed, and, on careful measurement, the limb was found to be shortened half an inch. He was then etherized, and extension applied until, in the opinion of Dr. Hamilton and of the house surgeon, further extension would be unsafe. The plaster bandages were then applied by the house surgeon, from the toes to the loins.

(The patient was subsequently brought before the class, in order to see what had been the result of this treatment. The splint was removed in the presence of the class, and, on examination, the limb was found united, with a shortening of one inch. This measurement was confirmed by several persons. It was apparent, therefore, that the limb had lost half an inch in length since the apparatus was applied; or, if we suppose that the extension made while the patient was under ether had overcome the shortening entirely, then the limb had lost one inch.)

A boy about eight years of age, whose thigh had been broken near its middle, was then brought before the class. The fracture was simple. It had been dressed with plaster of Paris, enclosing the entire limb and pelvis. On removal of the splint, the limb was found to be united, with a slight bend and a shortening of half an inch. Dr. Hamilton remarked that the bend would eventually disappear, and that the shortening would cause no lameness; yet with his own double splint for children a better result was generally obtained.

The patient was brought before the class for the purpose more especially of overcoming the ankylosis at the knee-joint, caused by the confinement. He was accordingly placed under the influence of ether and the ankylosis was broken up.

## TRANSLATIONS.

TREATMENT OF AMMONIACAL CYSTITIS BY BENZOIC ACID.—MM. Gosselin and A. Robin have shown in a previous memoir that human urine, when ammoniacal, is toxic in a high degree, and that it plays an important part in the production of those accidents which occasionally supervene upon operations in the genito-urinary passages.

From this idea to that of prevention is but a step, and it is this which MM. Gosselin and Robin endeavor to elucidate in the *Archives de Médecine*. Their conclusions are as follows:

As the ammoniacal condition enters to a certain extent into the production of those accidents which supervene upon operations on the urinary passages, it is very desirable that it should be controlled, prevented, or diminished. Benzoic acid, the gums containing it, and probably also other vegetable products (salicine, cinnamic acid, etc.), conduce to this result. The hippuric acid thus created acts in various ways: *a*, in forming a hippurate of ammonium, less toxic than the carbonate of ammonium; *b*, in retarding the decomposition of the urine, and consequently the production of carbonate of ammonium; *c*, in preventing the formation of insoluble phosphatic deposits, which are one cause of cystitis and may become the starting-point of vesical calculi.

The administration of benzoic acid is to be recommended in the case of patients suffering from ammoniacal purulent cystitis, and particularly in the case of those who have submitted to operations on the genito-urinary passages.—*L'Abeille Méd.*, November 23, 1874. X.

**REGENERATION OF THE SPINAL CORD.**—Drs. H. Eichorst and B. Naumann have operated upon fifty-two puppies a few days old, because these animals offer the advantage of resistance to traumatism, and because they could be nourished by the mother. Thirteen of these puppies succumbed.

The operation was invariably performed by mashing the cord by means of a fine glass rod, introduced with as little injury as possible to the membranes.

The following were the results obtained: *Second day*, congestion and inflammation of the meninges. The cord at the injured spot presented the appearance of a jelly, composed, as was shown by microscopic examination, of the detritus of nervous elements. Above and below, in both gray and white substance, there was acute congestion with dilatation of the vessels, the walls of which contained proliferating elements. Destruction of the nervous elements was about taking place, and the elements of the neuroglia were proliferating.

By the *sixth day* the modifications still go on to a considerable degree. The entire crushed mass is in a condition of fatty degeneration, and begins already to be absorbed. In the cord, properly so called, the alterations extend but little beyond the point of lesion. They are particularly characterized by general inflammation of the conjunctiva and extravasation of the lymphatic elements.

After the *second week*, the meninges, which are closely adherent to one another, are the seat of a very decided proliferative inflammation; but these authors have in no case observed any suppurative meningitis.

It is not until the end of the *third week* that the "jelly" resulting from the crushing of the cord has disappeared completely, and that the true work of regeneration, so to speak, is observed. This work begins in the centre of a great number of cellules of the neuroglia condensed in the two ends of the cord, and is continued to the inner surface of the pia mater, so that a large cavity remains in the centre of the cicatrix. The authors have not determined whether this reparative process begins first in the upper or in the lower segment. Little by little the space circumscribed by this process diminishes; finally, at the end of the sixth month, it is somewhat larger than the ordinary central canal of the cord.

Up to the fourth week the renewed portion only contains the elements of granulation; little by little from this time nervous tubules are observed to become produced in this locality; these become rapidly more and

more perfect. Even after the eighth month, however, the nervous fasciculi are much less numerous at the borders of the cicatrix.

Another interesting point is the following: all that MM. Eichorst and Naumann have observed leads them to believe that the posterior furrow constitutes a true lymphatic sinus, in which this fluid circulates from the cervical to the lumbar region.

It is probable, also, that the postero-lateral furrow represents a lymphatic sinus, which surrounds on either side the posterior roots.—*Gaz. Heb.*, December 1, 1874; from *Archiv für Ex. Path.* X.

**MAY CHLOROFORM BE EMPLOYED IN THE PERPETRATION OF CRIMES?**—A correspondent of the *Société d'Hygiène et de Médecine Légal*, having been interrogated as a judicial expert as to "whether the employment of narcotics in the liquid or gaseous state can produce an anæsthesia so profound that violation of the persons to whom it has been given may be perpetrated without awakening them," gave an affirmative answer.

M. Dolbeau, apropos to this judgment, made a series of researches, the results of which were laid before the society at a recent session. He limits the question to the employment of chloroform, and starts with the following proposition:

"Can chloroform in vapor be administered to a person who is sleeping naturally, to the production of anæsthesia, without awakening him?"

In M. Dolbeau's experiments the chloroform was given in the usual manner, on a cone held an inch or so above the nostrils, so as to enable a constant view of the countenance.

In the first series of experiments three patients out of four were awakened by the chloroform-inhalations; in the second series, four out of six; in the third, only three out of nine.

It is not without interest to observe the increasing proportion of subjects anæsthetized; the manual dexterity acquired by the experiments is not without influence upon the results obtained. Accordingly, as a result of his experiments, M. Dolbeau believes himself authorized to formulate the following conclusions:

Scientifically, it is difficult, but often possible, to cause insensibility by means of chloroform in persons who are sleeping a natural sleep. Certain precautions, the employment of a perfectly pure agent, and experience, are also conditions which favor the attempt at anæsthesia.

It is probable that certain subjects are absolutely refractory; that is to say, that it is impossible to anæsthetize them without taking every precaution. Others, on the contrary, particularly young children, submit easily to anæsthesia, without having been awakened by the irritation produced by the anæsthetic agent in the air-passages.

From a criminal point of view, it is certain that chloroform administered to sleeping individuals may facilitate the perpetration of certain crimes: it is, however, probable that the conditions favorable to anæsthesia are rarely found on the occasion of criminal attempts. In justice, the expert should declare that it is possible, but not easy, to render a person who sleeps so insensible by chloroform that the said person might become the victim of any violence.—*La Tribune Médicale*, No. 323, 1874. X.

**BILATERAL MASTODYNIA WITH SECRETION OF COLOSTRUM.**—The following interesting case has been observed at the Heidelberg Clinic: The patient, a woman 26 years of age, pregnant only once, three years previously, irregular menstruation, applied for admission. On examination she was found to be anæmic, rather thin, no hysterical symptoms. The heart and lungs were normal. The mammae, pendulous and somewhat

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flat, were normal in conformation; palpation of these organs gave rise to no abnormal sensation; there were no painful nodosities. While pressure exercised upon the mammae caused no pain, yet, on observation, some drops of a yellowish-white liquid were seen to exude from their orifices. This fluid, upon microscopic examination, showed the same appearance as colostrum.

The principal symptom of which the patient complained was pain, which had persisted for seven months previous to her admission to the hospital and continued during the nine months of her residence there. This pain, limited at first to the right breast, extended later to the left, and radiated in different directions, chiefly towards the shoulder on the right side. No tumor could be discovered in the mammary gland which would account for the pain, and this was therefore concluded to be due to neuralgia. No signs of pregnancy. Moderate leucorrhœal discharge.

Schultze, who reports this case, alludes to the various statements made by different authors as to its frequency. In looking over the literature of the subject, many cases of galactorrhœa may be found in both women and men, but this abnormal secretion has never been stated as co-existent with permanent pain. Nélaton alone has described a case of painful hypertrophy of the mammary gland in a young man of 26. (*Gaz. des Hôp.*, 1856, p. 126.) In this case the hypertrophied right mammary gland was the seat of violent pain, and, when compressed, gave exit to a liquid possessing the aspect and characters of milk. Schultze believes the galactorrhœa observed in these cases to be due to the same cause as the lachrymation observed in neuralgia of the trigeminae, and the nasal secretion caused by neuralgia of the second pair of cervical nerves.—*Gaz. Méd. de Paris*; from *Berlin. Klin. Wochenschrift*, No. 42, 1874.

## THERAPEUTIC NOTES.

SYRUPUS ASARI CANADENSIS COMP. (Compound Syrup of Canada Snakeroot).—Take of

Canada snake-root, one troyounce;  
Alcohol, three fluidounces;  
Water, six fluidounces.

Mix, and digest for twelve hours, strain, pack the root into a percolator, pour the tincture upon it, return the first portions that percolate to the instrument till it passes clear; pass sufficient water through the percolator to make the tincture measure nine fluidounces; add to the tincture one avoirdupois pound of sugar, and dissolve without heat. To this add

Powdered cochineal, ten grains;  
Carbonate of potassium, twenty grains;  
Wine of ipecac, four fluidrachms.

Mix thoroughly; strain.

In reply to numerous letters of inquiry respecting the compound syrup of asarum mentioned by Dr. S. S. Bond in his article on the treatment of "Ascaris Oxyuris," page 818, *Phila. Med. Times*, Sept. 26, 1874, I send the formula for publication, disclaiming any intention to have it appear as original with me. This preparation has been in use in this city for twelve or fifteen years as a remedy in whooping-cough, and the above formula is copied from page 21 of "Non-Official Formulæ in Local Use, compiled and published by the Joint Committee of the Medical and Pharmaceutical Associations of the District of Columbia, Washington, 1867."

The discovery of the anthelmintic properties of this syrup was quite accidental. About three years ago the daughter of Mr. F., then four years old, was attacked

with vaginitis and pruritus, which was found to be due to migration of ascarides to the vagina. He prescribed the usual remedies, bitter injections, etc., with considerable relief, but the symptoms would return in about a week after treatment was discontinued. The child had suffered more or less for over a year, when Professor Johnson Eliot, M.D., was called on to prescribe for whooping-cough, and ordered the comp. syrup. asari in teaspoonful doses three or four times daily. A few days afterwards the child passed seat-worms in large quantities, either alone or agglutinated together into balls as large as a hazel-nut. The father consulted me as to the probable cause of their sudden destruction. Remembering that I had heard anthelmintic properties ascribed to the European asarum, I was led to suppose that our plant might possess similar properties, and commenced a series of experiments on such persons as applied in my store "for something for pin-worms," with such flattering results that I requested my medical friends to experiment also. Drs. Bond and Duncan seem to be the only ones who have experimented to any extent; and both with excellent success. Dr. Bond's article you have published; I will give Dr. Duncan's experience in a few words. He had but one patient, a little girl who suffered from vaginitis due to migration. He used the syr. asari comp. internally, and a decoction of asarum as injections to both vagina and rectum, and in two days all trouble ceased. This was six months ago; there has been no return of symptoms since.

My own method of administering the medicine differs somewhat from the others. I mix equal parts of comp. syr. asarum and fld. ext. senna, and order a dessert-spoonful for a child, or a tablespoonful for an adult, to be taken four times daily, and at bedtime a suppository consisting of one or two drops of oleoresin of asarum\* with cacao butter q. s. Three or four days' treatment usually effects a cure. I furnish the above facts that the value of the medicine may be more fully tested by the profession in general.

DR. J. SCHAFFIRT, *Pharmacist*.

WASHINGTON CITY, D.C.

IN ASTHMA.—

R Ext. belladonnæ,  
Ext. opii, aa 3ʒ gr.—M.

Ft. pil. no. x.

Sig.—One in the evening, to be repeated if necessary during the night.

INEBRIATION (*New York Medical Journal*, October, 1874).—Dr. T. D. Crothers, after considering the physiological and pathological effects of alcohol, arrives at the following conclusions:

1. Alcohol diminishes and destroys nerve-force, tending to develop paralysis of motor and functional activity.

2. Inebriety is a disease of certain parts of the brain, and of the nutritive functions which it controls.

3. This disease is provoked by alcohol in variable quantity, depending upon some unknown condition of the body at the time of exposure.

4. A weakened will-power, and mental aberration, and tendency to inebriety, not inherited, are manifestations of disturbance of the co-ordinating power of the nutritive function.

5. This disease is inherited, and exists as an alcoholic diathesis, which may spring into activity, remain latent, or develop into other irregularities and functional diseases.

6. Inebriety is the active cause of many of the nervous and functional diseases of the brain.

\* The oleoresin asari is prepared by exhausting powdered asarum with sulphuric ether, and evaporating spontaneously.

# PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

PUBLISHED EVERY SATURDAY BY

J. B. LIPPINCOTT & CO.,

715 and 717 Market St., Philadelphia, and 25 Bond St., New York.

SATURDAY, JANUARY 9, 1875.

## EDITORIAL.

### PERSECUTION OF VIVISECTORS.

AT the last meeting of the British Medical Association, M. Magnan demonstrated before a committee of the Association and various other gentlemen the differences in the action of alcohol and absinthe; tying, for the purpose, two dogs upon the table, placing a canula into the femoral vein of each, and injecting the poison. A very lively disturbance occurred during the experiment. Many protested against its performance, on the ground of its being cruel and unnecessary. One "British sportsman" was especially demonstrative, rushing forward and cutting the cords which bound the victims. Finally, however, the majority decided that the experiment should go on, and it was concluded. The press took up the affair very warmly, and at last the Royal Society for the Protection of Animals instituted a prosecution against Dr. Magnan and various Norwich physicians. The trial recently commenced amidst great excitement, but ended as a first-class farce. M. Magnan, preferring French despotism to English liberty, very naturally did not leave Paris in order to put in an appearance, and the prosecution failed entirely to prove that any other of the defendants were responsible for the experiment.

The legal persecution of vivisectionists has, we believe, never yet succeeded, and we trust it never may. At the same time, we think merely illustrative vivisection is often of doubtful morality.

A VERY extraordinary instance of the Philadelphia prejudice against specialism, founded probably on its being a *new* (?) thing, is seen in the recent action of the Managers of the Episcopal Hospital, a Board largely governed in such matters by its medical members.

The dispensary staff requested that special afternoon clinics be allowed, in order to relieve the general morning clinics, asserting that the latter were so overcrowded that it was impossible to attend properly to the patients. The staff demonstrated their statements by figures, but the Board of Managers declined to allow special clinics. Probably in the course of two or three generations Philadelphia conservatism will come to look upon specialism as allowable.

WE print under the head of "Notes and Queries," on account of the crowded state of our correspondence column, Dr. Richardson's reply to the recent animadversions on his paper. We are exceedingly sorry at the tone of the controversy, because the point at issue is one of great scientific importance. Dr. J. G. Hunt believes that the one-fiftieth objectives have no advantage over lower powers—Dr. Richardson believes that they have. Every microscopist is interested in the decision of this question, and we would suggest that a trial before competent judges should be had,—Dr. Hunt using his one-tenth, and Dr. Richardson his one-fiftieth. A result of real scientific value might thus be reached.

**HYDROPHOBIA.**—Mr. E. M. Wrench, F.R.C.S., in a letter to the London *Lancet* (December 12), states that he has known hydrophobia produced in man by the bite of a rabid jackal, and also states that although his own dog, having been bitten by a rabid animal, was killed before any signs of madness appeared, yet a puppy whose freshly-cropped ears had been licked by it was shortly afterwards seized with rabies, without other known cause.

SEVENTY thousand pounds sterling have been raised in Scotland for the purpose of improving the buildings of the Edinburgh University. But the sum not being sufficient, an effort is being made, with a fair prospect of success, to raise thirty thousand more in London.

THE odorless method of emptying cess-pools is now at work in Boston, to the great satisfaction of all parties concerned. How long shall that abomination—the night-cart—slop along our streets at the hour when places of amusement are dismissing and parties breaking up?

## CORRESPONDENCE.

## PHYSIOLOGICAL INSTITUTE OF LEIPSIC.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

THE rapidity with which my short account of Ludwig's jubilaëum was put into print was the cause of some pleasure, and perhaps a little astonishment, on this side of the Atlantic, as it decidedly antedated any similar account published here or in America either. I ought, however, to say that the jubilaëum took place on the 15th of October, while I find in the *Times* that it is dated the 14th; whether that be the fault of your devil or my dinner I cannot decide, but I think of the former.

As soon as heads were clear after the festivities, the Physiological Institute began work actively and in all its branches. These consist of a Histological, Physical, and Chemical Section, each of which occupies its own part of the building, which itself is worthy of a description.

It is a two-story U-shaped structure, with a basement. The upper floor is occupied by the family of Professor Ludwig; and in the basement, where the janitor lives, are to be found an ice-room, a home for frogs, an engine, which supplies power to the floor above, a workshop well supplied with tools, which the janitor, himself a carpenter by trade, superintends when occasion requires, a nicely-warmed room for animals with biliary and other fistulae, and then the necessary rooms for the storage of coal and chemicals, as well as one for the safer carrying out of more dangerous chemical processes.

Under the lecture-room, which is a one-story addition which springs from the bottom of the U and extends between and parallel to its two limbs, is a menagerie for dogs, where they are exceedingly well housed and fed. These, however, are the only four-footed creatures kept in the building itself.

On the floor above, one wing is occupied by the chemical laboratory, out of which open at one end a room for spectroscopic work, and a balance room. This is moderately well supplied with the necessary conveniences, and is presided over by Dr. Drechsel. In the main building, which is, however, no larger than the wings, are the rooms more especially devoted to physical investigation, and where the animals are usually operated upon. In this, too, Professor Ludwig has his room, and there is a small library of the books and journals most likely to be needed by the students. The Microscopical or Histological Department comes next, and takes up the remaining wing, while, as I have said, in the space included by the three sides projects the lecture-room, which, though well supplied with conveniences for physiological demonstrations, is much too small for the class that crowds into it five times a week. Its small size and the absolute want of ventilation produce an atmosphere in the course of ten minutes to which that near the upper benches in the lecture-room in the old University building on a winter afternoon was as a breezy mountain-top; but in spite of that the lecturer always has an attentive and numerous audience, principally composed of medical students.

The students in the Institute nearly all, this year, come from other parts of Germany itself, but there are an Italian, a Russian, an Englishman, and two Americans. Last year, I am told, there were very few Germans comparatively. All the work done is of course under Professor Ludwig's general superintendence, but the Histological Department is under the more immediate superintendence of Dr. Flechsig, and on the Physical side Professor Kronecker is usually occupied.

The work that goes on is very various in kind, but there is a general tendency just now to the lymphatic system, which is being attacked from all quarters most vigorously, and I have no doubt that some good and interesting papers will be the result. Of course, of the exact line or nature of the work, even if I knew, I should not be at liberty to speak.

In the yard is a building in which rabbits and guinea-pigs are wonderfully well housed, and in which there are also two comfortable stalls for horses, with, in an adjoining room, a table and other arrangements for their dissection. It is but proper to state, before leaving this part of the subject, that, throughout, the animals are, whilst they live, most scrupulously attended to and fed and most kindly treated, while during the experiments everything possible is done to alleviate whatever suffering may necessarily be caused.

The Christmas vacation is rapidly approaching, and we are to have, I believe, nearly three weeks. This seems a long time to us, especially as in the spring there comes another of six weeks, and the summer vacation practically lasts from the 1st of August to the last week in October, while the students while at work—the medical students at least—are not driven as hard, in my opinion, as are ours at home.

These long vacations, however, are not intended so much for the benefit of the students as for that of the professors themselves, one of whom said the other day in conversation that while the student needed relaxation, and at the same time leisure to digest and assimilate the immense amount of fact and theory furnished him during the term, without this breathing-space the professors themselves, from whom something was of course always expected, would have no opportunity for original work, or at least very little. This would apply with even greater force in the latitude of Philadelphia, where the temperature of the summer months is not such as to invite prolonged mental effort.

As an offshoot from the Physiological Institute there exists a Physiological Society, composed principally of the officers and students of the former. It meets once a week, and as a rule a paper is read, of which the title has been announced beforehand. The reading of this is apt to be followed by an animated discussion, and, later, a fair proportion of the members adjourn to a neighboring restaurant, and bury in beer and supper whatever hatchets may have been disinterred earlier in the evening.

I read with much interest in the *Times* for November 21 the question of Dr. Macé, whether an International Medical Congress is to be held in Philadelphia in 1876,



for I have little doubt that if such a meeting were held, a number of eminent men from Europe would attend it. They would then have the opportunity of seeing something of America, in which many of them take great interest, and we at home could see and hear the men with whose writings we are so familiar. If, in addition, subjects for discussion were so chosen that men not exactly medical, but whose work has important bearing upon medicine and hygiene, could be induced to contribute papers and to attend, the meeting would be one of the greatest interest and importance.

LEIPSI, Dec. 14, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—So much has already been written about the *climate of the Bermudas* by those whose statements are based upon an extended personal experience, that I have hesitated to add my opinion, founded as it is upon a short visit, to this much more valuable testimony. The appearance, however, of an article entitled "Bermuda as a Winter Resort for Invalids," in a late issue of the *Philadelphia Medical Times* (December 19, 1874), from the pen of one who seems to have even less practical knowledge of the Bermudas than myself, has removed this hesitation, and has afforded an opportunity of placing before the profession a few facts which bear upon the subject.

The Bermuda Islands form, as every one knows, a small archipelago situated in the Atlantic, in latitude  $32^{\circ} 15' N.$ , longitude  $64^{\circ} 51' W.$ , and nearly six hundred miles distant from Cape Hatteras, the nearest point of land. The archipelago consists of one hundred and fifty islets, which occupy the southeastern side of a long coral reef; they form an interrupted chain of land fifteen miles long, and five miles wide at its broadest part, and with its long diameter extending from northeast to southwest. The chief of the group is Bermuda, or the Great Bermuda Island; upon it is built the town of Hamilton, the seat of the Legislature.

The islands are of calcareous formation; their surface is very irregular, and, although there are no mountains, there are numerous rather high hills, some of which are barren, while others are well wooded and fertile. Owing to the porous nature of the soil, little or no water accumulates upon the surface, even during the heaviest rains, and the amount of low-lying or marsh land is very small. There are no springs upon any of the islands: the inhabitants are therefore obliged to collect rain-water for drinking and other purposes; but so much care is exercised in this process, and the number of cisterns is so great, that there is always an abundant supply of pure water.

The nature of the climate of the Bermudas is what might be expected from their isolated position: it is oceanic, that is, the atmosphere is moist, and there are no great variations in temperature; both of these characteristics are intensified by the warmth of the Gulf Stream, which heats the cold air passing over it from the southwest, and by so doing enables more moisture

to be taken up. The winds from the northwest, on the other hand, are drier and colder, but not cold enough to affect the uniformly semi-tropical temperature of the islands. The features of the different seasons, and the influence of the prevailing winds, the southwest and northwest, upon the temperature, are well described by T. L. Godet, M.D., for many years a resident of Bermuda, in a work published in 1860, from which the following extract is taken:

"The most agreeable season at Bermuda is the winter, or cold season, which lasts from November to March; the mean temperature being  $60^{\circ}$ . The prevailing winds are then from the westward; but if from the northwest, fine, hard weather, with a clear sky, accompanies them, the thermometer varying from  $50^{\circ}$  to  $56^{\circ}$ . This weather often terminates in a very fine, bright day, with a very slight wind and partial calms. Afterwards the wind invariably changes to the southwest, and the weather becomes hazy, damp, and attended with heavy rains and gales, the thermometer rising to  $66^{\circ}$  and  $70^{\circ}$ . These alternate northwesterly and southwesterly winds prevail during nine months of the year, the wind remaining at no other point for any length of time. Spring commences at the end of February, and the weather usually continues mild, with refreshing showers of rain and gentle breezes from the south and west, until the end of May.

"The summer begins in June, and the weather becomes hot. Calms about this time generally replace the gentle breezes of May; the atmosphere becomes sultry and oppressive, and long droughts are common, which are usually succeeded by severe thunder-storms. The weather in September changes in character, and again becomes mild and agreeable."

In an appendix to the same volume, the average range of the barometer and thermometer for four years is given thus:

	Barometer.	Thermometer.
Maximum,	30.480	$85.85^{\circ}$
Minimum,	29.236	$49.00^{\circ}$
Mean,	29.858	$67.43^{\circ}$
Oscillation,	1.244	$36.85^{\circ}$

From another source we find that the total rain-fall for the year 1860 amounted to 65.14 inches.

That the statements of Dr. Godet are still applicable, or, in other words, that there has been no marked change in the climate, as suggested by a quotation in the article already referred to, is proved by reference to the latest official meteorological report, that of 1872; in this we meet with the following figures:

*Range of Barometer and Thermometer.*

	Barometer.	Thermometer.
Maximum,	30.410	$94.2^{\circ}$
Minimum,	29.500	$44.0^{\circ}$
Mean,	29.941	$70.3^{\circ}$
Oscillation,	.910	$50.2^{\circ}$

Total rain-fall, 66.90.\*

\*The average annual rain-fall in Bermuda is about 55 inches; in Philadelphia, about 50 inches.

Number of days on which rain fell, 175.

Wind from southwest on 110 days; from west on 28 days; from northwest on 53 days, etc.

The annual mortality is nearly the same as that of Philadelphia, being about two per cent. of the total population. The colony has occasionally been visited by yellow fever, but since its settlement, a period of over two centuries, there have been only eight epidemics of this disease.

As my visit to Bermuda was made in the spring, I am unable to speak from experience of the winter weather, but that of May (1874) was as pleasant as a warm sun, a clear sky, and delightful sea-breezes could make it, and was thoroughly appreciated after exposure to the damp and chilly days of April in Philadelphia.

From a somewhat minute inquiry made at the time, I was led to believe that November, December, March, and April were even more pleasant than May, the air being more bracing, and better adapted to out-door exercise. In January and February, periods of dampness and rain are liable to occur; though there are many days during these months which will bear comparison with our finest October weather. On the other hand, June, July, and August are too warm to suit those who have been in the habit of seeking a cool climate at this season of the year. Now, although the climate of Bermuda may be agreeable to the tourist during the early winter and spring, when a great part of the pleasure consists in escaping from the slush and monotony of our large cities, it does not necessarily follow that it is a proper one for all classes of invalids. I think that patients affected with phthisis, for instance, need a drier and more bracing atmosphere, and that those localities in which these conditions exist should have the preference over Bermuda, although in cases which are not too far advanced, and in which a great desideratum in a change of residence is to increase the facility for an out-door life, it seems that, during the proper season, these islands are quite as suitable as other more southern and more tropical places of resort.

Upon this subject Dr. Godet remarks,—

"As far as the author's observation goes, the effect of residence in Bermuda on such persons [those of "general delicacy of constitution"] is usually beneficial, especially on those who are predisposed to scrofula or pulmonary consumption, or who have evinced a peculiar tendency to colds and bronchial affections during the winter months."

Whether the climate is adapted to consumptives or not, there can be no doubt that there are many conditions to which it is suited. I refer to the various bronchial, rheumatic, and neuralgic affections, to general debility due to over-work, and to those cases in which complete convalescence after acute illness is delayed during our long, cold spring. I fully agree, however, with the correspondent of the *New York Post*, that Bermuda is no place to send "the dying," having always regarded it as good practice to keep persons in that condition at home. The invalid must not expect to find in this out-of-the-way part of the world the com-

forts of his own fireside, or even the accommodations of our large hotels, but he will be provided with a *clean* and plainly-furnished room, a *clean* bed, and an abundance of wholesome, well-cooked food. There are no open fireplaces in the sleeping-rooms; indeed, in the judgment of the inhabitants, they are unnecessary; but it is probable that as the wants of the travelling public become known, these, with other luxuries, will be introduced. This may be so even at present, for, since my visit, many alterations and additions have been made to the Hamilton House, the principal hotel.

Until recently, the great drawback to the Bermudas was their difficulty of access, not on account of the roughness or length of the voyage,—three days and a half being the usual time required to make the passage between New York and Bermuda or back,—but because of the poor accommodations for passengers on board of the steamers. The *Canima*, the only reliable one, was very deficient in this respect, but a thorough refitting at Cramp's ship-yard last fall has improved her wonderfully, and she is now quite comfortable. This vessel is seaworthy and fast, and since being refitted has, I am told, made several trips in the short space of sixty hours.

These few remarks may perhaps be enough both to show that no one need entertain the fear of either "starving" or "suffering for the ordinary comforts of life" in Bermuda, and also to induce those who may think the matter of sufficient importance to seek further information elsewhere.

LOUIS STARR, M.D.

## REVIEWS AND BOOK NOTICES.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. VON ZIEMSEN. Vol. I.—Acute Infectious Diseases. Translated by various American Physicians. William Wood & Co., New York, 1874.

The coming of this work has been so loudly trumpeted that any account of its scope and aims is at present superfluous. This first volume contains about seven hundred neatly-printed pages of large, widely-leaded type, having just about sufficient matter to fill three hundred and fifty pages of the United States Dispensatory. We mention this because very many buyers of medical books judge whether a book is dear or cheap by the mere size of it. Judged by the size, the volume is a cheap book; judged by the amount of matter in it, it is a dear one.

As in all books of similar character, the articles are unequal, although none of them in the present volume are really poor. The first subject treated of is typhoid fever, which is handled in a masterly manner by Dr. Liebermeister, whose discussion of the use of the antipyretic treatment should be read by every one. We must, however, protest against the atrocious starvation diet which he recommends. He says, "*Water* is the *one nutritive* [?] substance which the patient needs most. . . . The fact is, mucilaginous barley-water, thin oat-meal gruel, and the like, combined with not very strong meat-broth, constitutes the most desirable diet. The patient may have, if he like, milk, but only when boiled and *reduced with water*." We should judge it to require a German constitution to withstand starva-

tion and typhoid fever at one time, even if an abundant supply of that highly nutritious and fattening food—water—was allowed both internally and externally. We fear very much that, throughout the whole *Cyclopedia*, the department of treatment will be very weak. Thus, in Dr. Heubner's article on dysentery, pathology, symptoms, etiology, etc., are all good, until the section on treatment is reached. We doubt if this will give as much useful knowledge as is contained in Hartshorne's *Essentials* upon the same subject. The value of calomel is not at all discussed. The ipecac treatment is not mentioned, beyond the statement that ipecac has been employed in the disease; and none of those little but very important details which a practitioner looks for in so pretentious a work are to be met with.

Prof. Lebert has four articles in the volume, upon Relapsing Fever, Bilious Typhoid, Typhus Fever, and Cholera, respectively. His "Bilious Typhoid" seems to be a mongrel disease, the illegitimate offspring of an amalgamation in the author's mind of epidemics of relapsing fever and of malarial bilious fever.

Dr. Haenisch, who writes the article upon yellow fever, is evidently better acquainted with the disease as it appears in literature than as it appears in nature: he has, however, seemingly seen two cases, which he records at some length.

We have not space to review the volume before us at length. The book which comes into natural competition with the *Cyclopedia* is Reynolds's *System*, and we do not hesitate to express the opinion that, so far as can be judged from a single volume, if the practitioner can buy only one of these works, the English should be his choice; not merely because it is a cheaper book, but because, in our belief, it is a better working book, containing much more information adapted for immediate clinical use. At the same time, it is right to say that the volume indicates that in the departments of pathology and etiology the *Cyclopedia* will be unrivalled, and will therefore be a necessity to any one desirous of thoroughly knowing the science of clinical medicine.

#### TRANSACTIONS OF THE MEDICAL SOCIETY OF NEW JERSEY, 1874.

In this volume, which contains a handsome portrait on steel of the late Dr. Cooper, of Camden, New Jersey, we notice a number of things of interest. Dr. Sharp, of Medford, details a case of puerperal convulsions treated very successfully by two hypodermic injections of three drops each of the saturated tincture of *veratrum viride*. Dr. S. G. Carpenter asserts, in a paper on tetanus, that he has seen twenty-six out of thirty-seven cases get well. Dr. Carpenter must be the champion tetanus doctor. We doubt if any other one man on the continent has seen thirty-seven cases of the disease. Dr. C. W. Lanson narrates a curious case of aconite-poisoning. Dr. J. B. Mattison claims that the deep injection of chloroform is of the utmost value in obstinate neuralgia, even in true *tic epileptiforme*; whilst various authors discuss the value of chloral, or report cases of tetanus, placenta prævia, excision of the hip, etc., etc. A good deal of this matter is of real interest. How much better if the State Transactions were confined to purely business matters, and what else is worth publishing transferred to the pages of a live journal, instead of being buried in a volume having no circulation outside of the State!

#### CONTRIBUTIONS TO THE ANNALS OF MEDICAL PROGRESS AND MEDICAL EDUCATION IN THE UNITED STATES BEFORE AND DURING THE WAR OF INDEPENDENCE. By JOSEPH M. TONER, M.D.

This brochure of 118 pages really belongs to the great class of local histories, and is largely composed of brief

biographical sketches. It contains very many interesting facts, whose gathering together must have been a very protracted and uninteresting labor. Indeed, the amount of human hopes and human actions summed up in its pages shows very forcibly the intrinsic littleness of the single individual man.

#### A HANDBOOK OF THERAPEUTICS. By SIDNEY RINGER, M.D. Fourth Edition. William Wood & Co.

The work of Dr. Ringer is so well known to the American public that we merely announce the appearance of a new edition. The chief change in the book is in the addition of articles upon Phosphorus, Croton Chloral, and Hamamelis.

#### CLINICAL LECTURES ON DISEASES OF THE URINARY ORGANS. By SIR HENRY THOMPSON. Second American, from the Third English Edition.

In announcing this new edition of a well-known book, it is only necessary to state that the whole subject has been brought down to 1873, and that two new lectures have been added.

### GLEANINGS FROM OUR EXCHANGES.

**DETERMINED SUICIDAL MELANCHOLIA** (*Edinburgh Medical Journal*, November, 1874).—Dr. Joseph J. Brown reports the case of a physician, æt. 25, who was admitted to the Royal Edinburgh Asylum in consequence of intense suicidal melancholia. He had always been healthy, was a hard-working and successful man, and, with the exception of one cousin, there had never been any insanity in his family. After experiencing a severe disappointment, he began to complain of headache and sleeplessness, then had delusions that his soul was lost and that it was a crime for him to live any longer, and finally tried to poison himself by refusing food, and by taking belladonna. He was then sent to the asylum, and, at intervals of a few days, tried to kill himself by pushing his finger down his throat; by eating berries of *arbor vitæ*, which caused nausea and diarrhœa; by swallowing small stones to the number of eighty-two, weighing twenty-four ounces, which were all evacuated; by taking an overdose of whisky, and afterwards some poison, whose character was undiscovered, but which produced coma, intense depression, general tremors and convulsions, and required the most energetic stimulation to counteract. A few days later, while an attendant was painting liquor gutta-perchæ over an excoriation upon the patient's sacrum, he snatched the bottle, and swallowed, as nearly as could be ascertained, about two ounces of the mixture. He soon became comatose, respiration ceased, the radial pulse grew scarcely perceptible, and nearly all evidences of sensibility disappeared. The pupils contracted, and were insensible to light. The face was flushed, the conjunctivæ injected, and the muscles flaccid. Artificial respiration was at once resorted to, and the stomach was thoroughly washed out with tepid water. Hot bottles were applied to the feet, warm blankets to the body, and an enema of strong coffee with brandy was administered. Cold water was dashed in the face, and the galvanic battery was employed, artificial respiration being kept up continuously. Total suspension of the respiration existed for two hours and three-quarters, and profound coma for nearly twelve hours, during which time he experienced several relapses, ceasing to breathe, and becoming greatly cyanosed. At these times ecchymoses appeared on various parts of the surface. Enemata of hot beef-tea, beef-tea and brandy injected into the stomach through a tube, galvanism, and artificial respiration were the chief means em-



ployed to relieve him, and were finally successful. The heart throughout the whole remained steady and regular in its pulsations, though it was diminished in force. It was observed that when the stimulation by the battery was too long continued or too energetically applied, the patient grew more comatose afterwards, so that intermissions of ten minutes or more were rendered necessary.

ANOSMIA (*The Lancet*, October 31, 1874).—Dr. Hughlings Jackson is convinced that loss of smell is a symptom which does not receive the degree of attention it deserves. We are rarely consulted for anosmia, since loss of smell is not so important a defect as loss of sight or of hearing is. But anosmia is just as *significant a symptom* as amaurosis is, and if the patient who is anosmic has also severe and continued pain in his head, and urgent vomiting, the symptom thus qualified would point to local coarse disease—*e.g.*, tumor, syphiloma, etc.—inside the head, quite as strongly as amaurosis (from optic neuritis) in the same association would do. Another thing to be considered is, that just as optic neuritis may exist when the patient supposes his sight to be quite good, so the presumption is that olfactory neuritis may exist when the power of smell is not obviously diminished. Again, it must not be concluded that anosmia depends on disease actually involving or pressing on the olfactory bulbs, any more than we must conclude that amaurosis from optic neuritis depends on disease involving the optic nerves, optic tracts, or corpora quadrigemina.

So-called "subjective" sensations of smell are occasionally warnings of epileptoid seizures; they are rarer than subjective "auras" of vision, but commoner than auditory auras. They occur in cases where the patient has no smell in the ordinary sense of the expression. They are presumably analogous to the colored vision of amaurotic patients, for patients who are blind are not always in darkness; they are, for example, sometimes in "redness."

KOUMISS (*Chicago Medical Journal*, November, 1874).—Dr. De Wolf, in an interesting article on the subject of koumiss, or fermented mares' milk, refers to its mode of preparation by the Tartars, who, in order to obtain the milk in sufficient quantity, are accustomed to separate the foal from the mare during the day, allowing it to suck only at night. The mare's milk is kept in a bag made of horse's hide undressed, which by smoking acquires a degree of hardness. Its shape is conical, somewhat triangular, from being composed of three different pieces set in a circular base of the same material. The sutures, which are made with tendon, are secured by a covering on the outside with a doubling of the same skin closely fastened. These bags are used both for the preparation and transportation of koumiss, and have a dirty appearance and disagreeable smell.

There is no doubt that koumiss has great therapeutic value, and the legitimate and rational indications for its use are apparent to the practical physician. It cannot be a specific in phthisis, but it may be of immense service in counteracting the disturbed and degraded nutritive changes which predispose to it, while it certainly supplies a food peculiarly adapted to conditions of exhausted vitality, emaciation from any cause, and the gastro-intestinal affections of children. In brief, it must be accorded a high place in the series of plastic nourishments.

The quantity of koumiss advisable to take in commencing its use should not exceed one champagne bottle daily for an adult, and even that amount sometimes produces a slight febrile reaction. If headache occurs, it should be suspended for a day or two; but in a short time a toleration is generally established, and the patient soon discovers how much he can take, and then he may live entirely upon koumiss, or, when the

stomach will tolerate other food, it may be added. It does not interfere with any other course of treatment. The secretion of urine is generally much increased. When a tendency to constipation exists, the fresh product should be used, but if diarrhoea is troublesome, an older sort should be taken. A piece of stale bread or cracker, eaten immediately after drinking, will relieve the fulness of stomach sometimes complained of.

The desire for sleep generally experienced after drinking koumiss should be regarded as beneficial, and should not be interfered with.

## MISCELLANY.

THE AMERICAN MEDICAL ASSOCIATION.—"Our main objection is that the men who govern the Association and attend its meetings are far from fair representatives of the profession; that, consequently, the proceedings lack the dignity and discretion, and the papers, for the most part, the merit, that should characterize such a body. We cordially admit the former merits and services of the Association, as well as the high standing and character of its former leaders and supporters; but it has woefully degenerated."—*Boston Medical and Surgical Journal*.

DIAGNOSIS OF DEATH.—Dr. Monteverdi, of Cremona, has proposed a simple, easy, and certain method of seeing whether a person is really dead. He injects a drop or two of ammonia beneath the skin. If the person be dead, no effect, or next to none, is produced; but if the person be alive, a red color appears at the point of the injection. He has published a pamphlet on the subject, illustrated with six plates, and the plan, simple as it is, seems likely to be useful, to prevent the possibility of burying alive.

ACCLIMATIZATION OF IPECACUANHA IN INDIA.—The *Pharmaceutical Journal* notes that in the last report of Dr. King, Superintendent of the Calcutta Botanic Gardens, he states that the propagation of the ipecacuanha plant by root and leaf-cuttings has been so successful that there is at present a stock of 63,000 living plants; whereas, four years since there were at the Cinchona Gardens but twelve cuttings, of which seven were afterwards accidentally destroyed.

THE next Triennial Prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded to the author of the best essay or treatise on "The Anatomy, Physiology, and Pathology of the Sympathetic Nervous System."

THE French Government is stated to have forbidden pilgrimages of the Algerian Mussulmans to Mecca, on account of the plague which prevails in some of the cities on the route, and the Egyptian authorities are stated also to have determined that no convoys of pilgrims shall leave Suez.

THE students at St. Petersburg are stated to be in rebellion against Prof. Cyon on account of the strictness of his examinations.

No less than 100,000 leeches are said to be required annually by the French military hospitals. The supply for the next three years has just been contracted for, at an average price of 125 to 135 francs per thousand.

THE PHILADELPHIA MEDICAL TIMES,—one of the ablest and most independent of medical journals.—*London Medical Record.*

## NOTES AND QUERIES.

### LENS-TESTING, NO. 2.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—Will you permit me to append a few explanatory notes to a letter in the *Times* of December 26, from your semi-anonymous contributor "J. G. H."?

This half-ashamed correspondent, whilst lurking behind these initials, inadvertently betrays himself by saying he is complimented in my paper of November 28, which, by the way, consists of unpretending "Notes on the performance" of two lenses, and claims to be no exhaustive report of their "testing." Since only one American's name beginning with H occurs in that article, I, of course, recognize my "friend" as J. Gibbons Hunt, M.D., advertised here and in *New York* as "Professor in the Woman's Medical College of Pennsylvania."

In the first place, allow me to explain that the possessive pronoun *my*, applied to the one-twenty-fifth and one-fiftieth, is so employed by Dr. Hunt and myself to avoid the inelegant repetition of proper names. Thus, Dr. H. says, "If my one-fiftieth resolves the Amphipleura,"\* etc., meaning, of course, "If the one-fiftieth loaned to me by Mr. Charles Stodder resolves," etc., and not designing to dupe your readers into thinking he owns a high-power lens. Otherwise this statement would be, under the circumstances, a dishonorable wearing of borrowed plumes, or rather (since these lenses are "not achromatic"), a piratical sailing under false colors, which the learned "Professor" would indignantly scorn.

Respecting my trivial suggestion in reference to mounting podura scales, diatoms, etc., for testing high powers, I would remark that Dr. H., in his overflowing generosity and thankfulness, gives me quite too much praise. In reality, I made no more claim to being the first who proposed the use of mica than to precedence in employing very thin glasses "if they can be procured," and the only credit I deserve is on account of devising a plan for utilizing these materials, after Dr. Hunt gave them up in despair (vide *Medical Times*, loc. cit.).

Dr. Hunt's warm gratitude to me for teaching him how to focus a Bacterium, and how to prepare specimens for high powers, crops out so frequently in his essay, and so evidently springs from a *very* tender spot in the deepest recesses of pardonable vanity, that many strangers might underestimate his actual acquirements. To avert this injustice, permit me to assure you that in illuminating test-diatoms, or in staining and *celling* vegetables (such as his favorite and emblematic Nettle), my friend Dr. Hunt can probably equal if not surpass any microscopist in the Union; and whilst such prickly laurels adorn his brow, what need he care for his incapacity to define paltry Bacteria, or to produce any scientific papers which shall command that recognition from the medical "journals of this and other countries" to which he so feelingly alludes?

Dr. H.'s last paragraph of fervid eloquence charges me with telling almost the *naked truth*, or at least with coming as near that unclothed deity as poor human nature usually attains. But, Mr. Editor, my long (and much) tried friendship with Dr. Hunt enables me to declare that he did not intend to say anything of the kind, and that he never would have even seemed to make such an indecent accusation, had he not been blinded by his dazzling vision of the "immortal goddess," in all her unrobed majesty divine.

After all, is not the truth about which we have held this friendly discussion nearly as follows? The wonderful displays of lines and dots by Diatom students, interesting as they are, have about the same relative value to the real *work* of histologists and pathological anatomists which the delicate web of a spider has to the most useful products of our mills and looms; and the small, but positive, merit of my brief "notes" is that they give a faithful record of results obtained by an honest worker, *with*

\* Phila. Med. Times, vol. iv. p. 826 (report of remarks written out by Dr. H. himself, and MS. now in my possession).

"improved tools," in the peculiar province of the Arachnidæ (among whom my friend Dr. Hunt stands pre-eminent), and this without having spent a long and "useless" lifetime in the acquisition of their crafty tricks.

JOSEPH G. RICHARDSON.

3729 LOCUST STREET, PHILADELPHIA,  
December 26, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—I am very glad that order has been evolved from chaos, and that we need no longer trouble ourselves about primordial elements and their relationships. Perhaps the Cincinnati Genesis needs confirmation: therefore I send you a gem printed in *Harper's Bazar*, which is too good to be lost. Please insert, that no links may be missing.

Yours, respectfully,

W. H. WINSLOW, M.D.

### DARWINISM IN THE KITCHEN.

I was takin' oft my bonnet

One afternoon, at three,

When a hinseck jumped upon it

As proved to be a flea.

Then I takes it to the grate,

Between the bars to stick it;

But I hadn't long to wait

Ere it changed into a cricket.

Says I, "Surely my senses

Is a-gettin' in a fog!"

So to drown it I commences,

When it halts to a frog.

Here my heart begun to thump,

And no wonder I felt funky;

For the frog, with one big jump,

Leaped himself into a monkey.

Then I opened wide my eyes,

His features for to scan,

And observed, with great surprise,

That that monkey was a man.

But he vanished from my sight,

And I sunk upon the floor,

Jest as missus, with a light,

Come inside the kitching door.

Then beginnin' to abuse me,

She says, "Sarah, you've been drinkin'!"

I says, "No, mum, you'll excuse me,

But I've merely been a-thinkin'."

"But, as sure as I'm a cinder,

That party what you see

A-gettin' out o' winder,

Have developed from a flea."

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting of the Society will be held at the Hall of the College of Physicians, Wednesday, January 13, 1875, at 8 o'clock P.M. Dr. William Goodell will read a paper on the "Management of Head-last Labors."

The medical profession in Philadelphia are cordially invited.

### OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM DECEMBER 29, 1874, TO JANUARY 4, 1875, INCLUSIVE.

WHITE, R. H., ASSISTANT-SURGEON.—Relieved from duty in Department of the Gulf, and to rejoin his proper station in the Military Division of the Atlantic. S. O. 278, A. G. O., Dec. 30, 1874.

JACKSON, D., ASSISTANT-SURGEON.—Assigned to temporary duty at these Headquarters. S. O. 199, Department of Texas, Dec. 21, 1874.

SKINNER, J. O., ASSISTANT-SURGEON.—Relieved from duty at the Presidio, and to comply, without delay, with Par. 3, S. O. 260, A. G. O., November 30, 1874. S. O. 159, Department of California, December 22, 1874.

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